Yukon
Health and Social Services

Yukon Influenza Surveillance Report
Influenza Season: 2009-2010
Summary Report
FluWatch Weeks 9-12 (February 28, 2010 - March 27, 2010)

All data are provisional and subject to change as information is received.

Prepared by: Yukon Communicable Disease Control
Report Written: April 8, 2010
Disseminated: April 8, 2010

Report Highlights

This surveillance report, produced by YCDC, summarizes influenza activity in the Yukon for the 2009-2010 season, during weeks 9-12 (February 28 - March 27, 2010). Please note that FluWatch reports are produced one week behind the current date.

2009-2010 FluWatch Weeks Calendar: *http://www.phac-aspc.gc.ca/fluwatch/09-10/09-10cal-eng.php*

During weeks 9-12, surveillance indicators continue to demonstrate low to no levels of influenza activity. Included in this report is the proportion of the population that has received pH1N1 vaccination since the campaign began October 26, 2009.

Pandemic H1N1 (pH1N1) Severe Outcomes

Hospitalizations
There have been no hospitalizations since week 46 (Nov 15 - Nov 21, 2009).
Since October 20th, there have been 15 pH1N1 Yukon residents admitted to hospital. Among hospitalized cases 12 of the 15 had at least one risk factor for influenza complications. 3 out of 15 hospitalized cases have been admitted to ICU.

Deaths
There have been no deaths reported since week 46 (Nov 15 - Nov 21).
Yukon has had three deaths where pH1N1 was detected; pH1N1 played a direct role in the death in two of the three individuals. The first death occurred during week 44, in a female child with underlying health conditions. The second death occurred during week 46 in an adult female, underlying health conditions were not present. A third death was announced December 9th, 2009. The death occurred in an infant who died early November, however, pH1N1 infection is thought to be coincidental and not a contributing factor in the death. A complete coroner's investigation is pending. Link to Yukon Health and Social Services Release: http://www.hss.gov.yk.ca/news/id

FluWatch Reporting

Based on FluWatch activity level definitions, Yukon has reported the following activity levels:

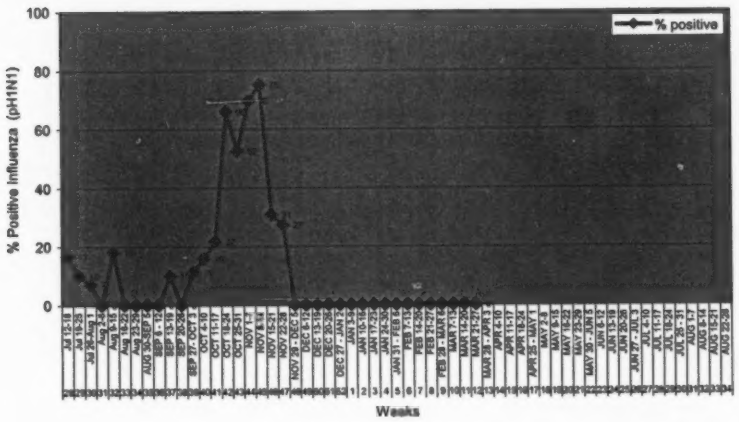
FluWatch activity level definition http://www.phac-aspc.gc.ca/fluwatch/09-10/def09-10-eng.php

Weeks 9-12	No activity: no laboratory-confirmed influenza detections during the past four weeks, however, sporadically occurring ILI may be reported

Laboratory Reports

Since week 47 none of the submitted respiratory specimens have tested positive for influenza. Percentage of respiratory specimens testing positive for influenza A was highest during week 45, when percent positivity was 75%.

Percentage of Respiratory Specimens (Submitted for testing in Yukon) Diagnosed Positive for Influenza pH1N1 by week



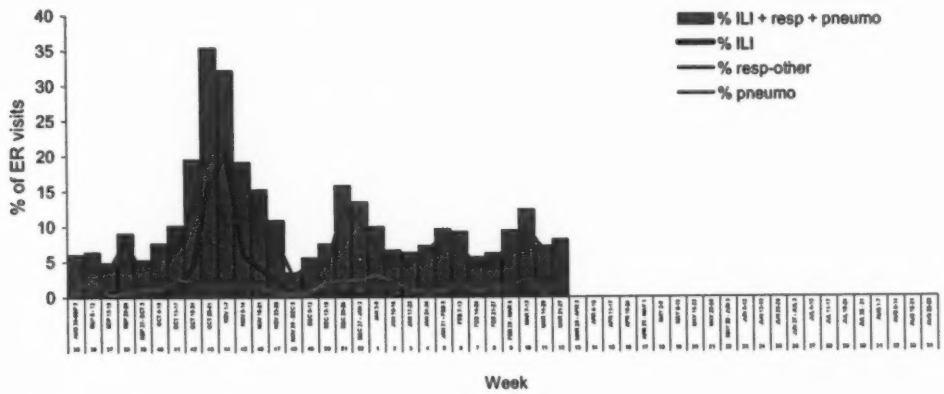
Communities with Laboratory Confirmed pH1N1

Cumulative laboratory information indicates that since April, 2009 Whitehorse and 9 out of 13 surrounding communities have had confirmed pH1N1 case reports.

Whitehorse General Hospital Emergency Visits

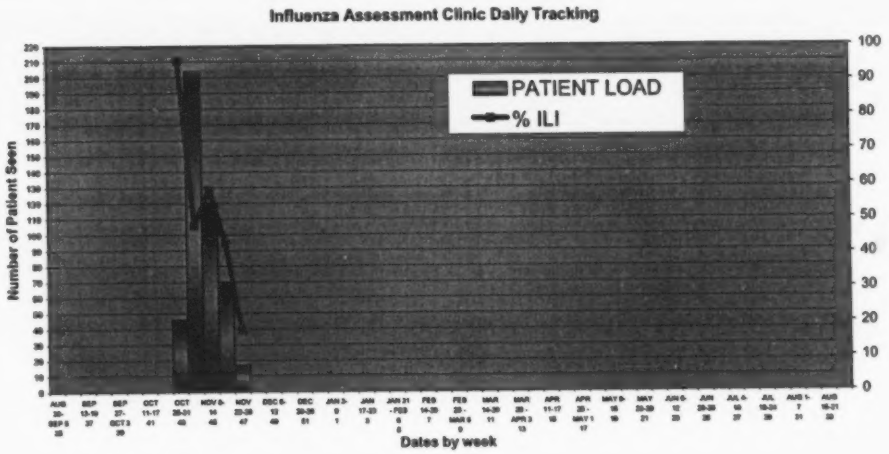
During weeks 9-12 the proportion of presentations to the WGH emergency department for respiratory symptoms identified as ILI has remained low.

Percent of WGH ER visits with influenza-like illness (ILI), other respiratory symptoms, or pneumonia by week



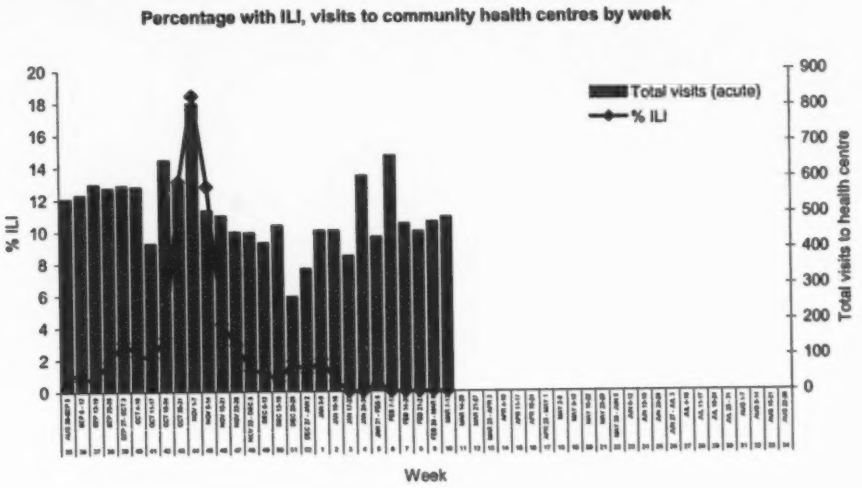
Influenza Assessment Clinic

This downtown Whitehorse clinic opened its doors on October 30th, 2009. The following graph depicts patient volume from October 30th to November 27, 2009. The clinic's last day of operation was November 27th, 2009.



Community Health Centres

Influenza-related visits to Community Health Centres (rural Yukon) increased substantially during weeks 42-44 while decreasing activity was seen from week 45 on. From week 48 on, the proportion of ILI related visits have returned to similar levels experienced in week 42 and earlier.

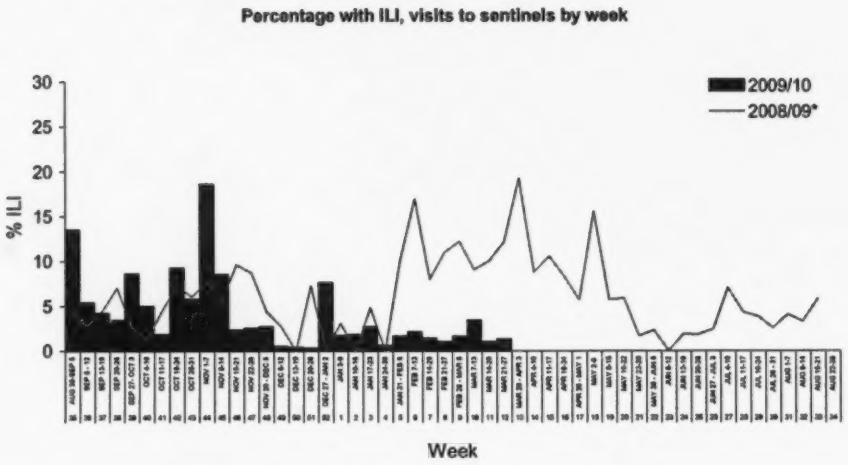


*Data provided from Community Nursing

Sentinel physicians/sites

The percentage of patients presenting to sentinel physicians or sites with ILI during weeks 9-12 was between 1.0% (week 11) and 3.4% (week 10).

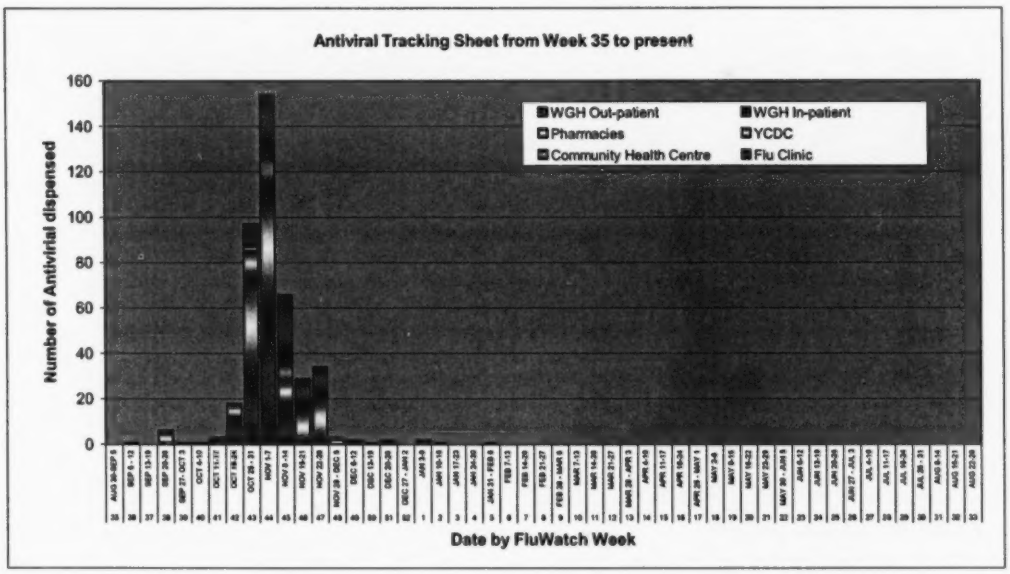
During the 2008/09 season, an average of five sentinel reports were received each week. A new recruitment of sentinel physicians and sites occurred in July 2009. There are presently 18 sentinel physicians/sites across the territory; between 61% to 66% of sentinels reported during weeks 9-12. Yukon's sentinel surveillance system is comprised of all Community Health Centres and participating physicians. (FluWatch Sentinel Surveillance Information *http://www.phac-aspc.gc.ca/fluwatch/sent-eng.php*)



*2008/09 weeks are slightly different than those shown (following the Sun-Sat weekly pattern).

Antiviral Prescriptions/Dispensing

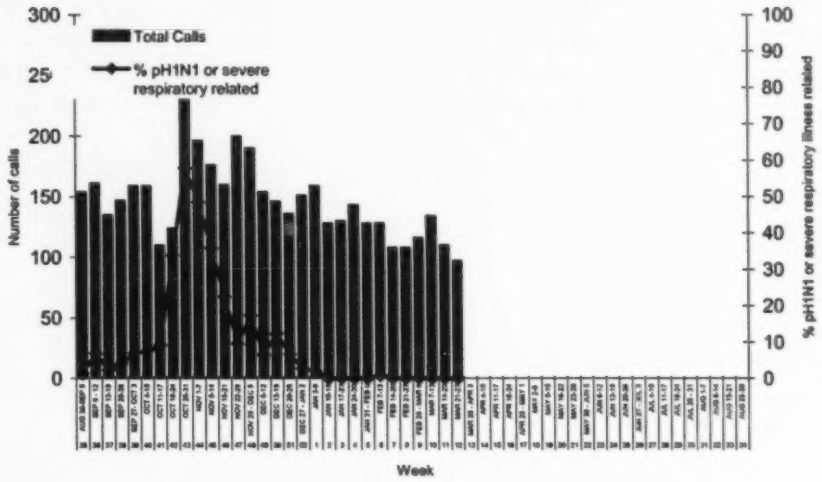
Antiviral prescriptions have decreased since week 45. During weeks 9-12 there were no distributions seen.



HealthLink 811

The percentage of calls related to Influenza A pH1N1 or severe respiratory illness have remained decreased during weeks 9-12.

Number of calls and percentage related to pH1N1 or severe respiratory illness by week



Calls related to pH1N1 or severe respiratory illness by type of call

Week ending	Jan 2	Jan 9	Jan 16	Jan 23	Jan 30	Feb 6	Feb 13	Feb 20	Feb 27	Mar 6	Mar 13	Mar 20	Mar 27	Apr 4
Week	52	1	2	3	4	5	6	7	8	9	10	11	12	13
Triage	0.0	66.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Education	50.0	33.3	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	
Wayfinding	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	

Note: Triage = caller requesting information on symptom management/guidance; Education = caller requesting information about an illness or condition; Wayfinding = caller looking for contact or service directions

Outbreaks

No facility outbreaks have been reported since week 43 (Oct 25 - 31, 2009). On October 29th, 2009 (during week 43) YCDC was notified of an influenza outbreak within the Whitehorse Correctional facility. The outbreak was contained to fewer than 10 residents who developed symptoms during their stay at the facility or who exhibited symptoms of influenza upon admission. Causative organism of the outbreak was identified as pH1N1. This outbreak was declared over on November 16th, 2009

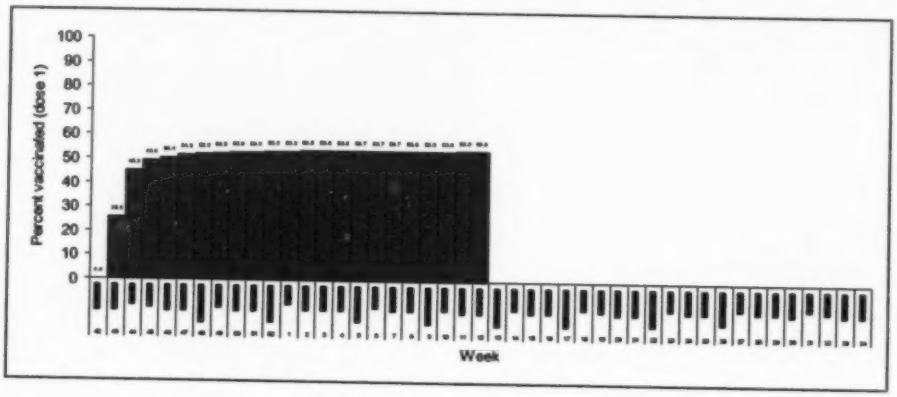
Schools

There have been no reports of high absenteeism in schools since week 45 (Nov 8 - 14, 2009).

Immunization

The percentage of the population vaccinated with one dose against influenza A pH1N1 reached 53.8% in week 8. The age groups with the highest proportions vaccinated (dose 1) are those 6 months to 4 years and those 65 year or older. Vaccine administration is ongoing.

Proportion of population vaccinated, dose 1, by week in the Yukon Territory



Proportion of population vaccinated, dose 1, by age group by week 12

Age group	% Vaccinated
6 mo - 4 years	70.5
5-18 years	56.4
19-29 years	36.6
30-39 years	51.9
40-64 years	55.6
65+ years	68.9
TOTAL	53.9

***Data provided by the Community Nursing Vaccination Program.**

Adverse Events Following Immunization

Of 18 400, doses administered from October 26 to March 27, 2010, 33 adverse events following immunization have been reported. The types of reports include both local and allergic reactions. None of the events fit the criteria for serious adverse events, and none required hospitalization.

BRITISH COLUMBIA INFLUENZA SURVEILLANCE BULLETIN
2009-10: Number 24, Week 12
March 21-27, 2010

Summary of FluWatch Findings for the Week ending March 27, 2010

Overall influenza activity has remained low for at least 14 consecutive weeks. All influenza indicators were still below expected levels for this time of the year.
The proportion of tests that were positive for influenza during week 12 (0.32%, 7/2,177) remained at a low level for this time of year. Of the seven positive specimens, three (43%) were positive for pandemic H1N1 2009, three (43%) were unsubtyped influenza A and one (14%) was positive for influenza B. Again this week, all the positive influenza specimens were from BC and ON.
Respiratory syncytial virus detections which peaked during week 7 (28.3%) were still high this week with a proportion of positive tests of 17.7%.
No new H1N1-related hospitalizations and deaths have been reported this week. To date, only 13 hospitalizations (BC, ON & NS) and two deaths (ON) with pandemic H1N1 2009 have occurred since the beginning of 2010.

Although pandemic influenza virus continued to be the predominant influenza virus circulating worldwide as of week 11, seasonal influenza B viruses were predominant in East Asia. Infleunza activity level in the Southern Hemisphere continued to be low.

INTERNATIONAL

During week 11 (March 14-20), influenza activity generally remained low in the United States, with ongoing regional activity in some areas (i.e., the Southeast). Five percent (139/3050) of respiratory specimens tested in reference laboratories were positive for influenza. 99% (80/81) of subtyped influenza A viruses were pH1N1. One influenza A/H3 virus and two influenza B viruses were detected. The proportion of sentinel physician visits due to ILI remained low (1.8%) and below the national baseline. www.cdc.gov/flu/weekly/
In Europe, all countries reported low-level influenza activity for the week of March 15-21. Five percent of sentinel laboratory samples were positive for influenza, consistent with the decrease observed in previous weeks. Of 18 sentinel influenza detections across Europe from March 15-21, 10 were influenza B, 8 were influenza A, and all (7) of the sub-typed influenza A viruses were pH1N1. www.eiss.org

Globally, while pH1N1 activity has continued to decrease or remain low in most countries in the temperate zone of the Northern Hemisphere, influenza B activity has increased in parts of Asia and Europe, including China, Mongolia, Japan, Korea, Hong Kong, Iran, the Russian Federation, and Sweden (indicating westward spread). Of the influenza B viruses which were further characterized in recent weeks, the majority belonged to the Victoria lineage (i.e., matching lineage of 2009-10 vaccine influenza B component). Little influenza activity has been reported to-date in 2010 in temperate regions of the southern hemisphere. http://www.who.int/csr/don/2010_03_19/en/index.html

WHO Recommendations for 2010-11 Northern Hemisphere Influenza Vaccine
On February 18, the WHO announced the recommended strain components for the 2010-11 Northern Hemisphere trivalent influenza vaccine:
A/California/7/2009 (H1N1)-like virus
A/Perth/16/2009 (H3N2)-like virus
B/Brisbane/60/2008 (Victoria lineage)-like virus
A/California/7/2009 (H1N1) is the recommended component for pandemic H1N1 vaccines produced and administered in 2009-10. The recommended H3N2 virus has changed from the previous year's vaccine (A/Brisbane/10/2007), while the recommended B virus remains unchanged (B/Brisbane/60/2008). For further details, see: www.who.int/csr/disease/influenza/recommendations2010_11north/en/index.html

Pandemic H1N1 Influenza Web Sites

Yukon H&SS	*www.hss.gov.yk.ca/*
PHAC:	*www.phac-aspc.gc.ca/alert-alerte/swine_200904-eng.php*
BCCDC:	*www.bccdc.ca/dis-cond/a-z/_h/HumanSwineFlu/default.htm*
	www.health.gov.bc.ca/pandemic/response/index.html
US CDC:	*www.cdc.gov/swineflu/index.htm*
WHO:	*www.who.int/csr/disease/swineflu/en/index.html*

Acronyms

ILI:	Influenza-Like Illness
pH1N1:	Pandemic H1N1 influenza or swine origin influenza
WHO:	World Health Organization

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